



State of Maryland

Advisory Council on Mental Hygiene/Planning Council

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary, DHMH

MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE/ PL 102-321 PLANNING COUNCIL

Minutes

December 21, 2010

Maryland Advisory Council Members: Robert M. Pender, Vice-Chair
Mike Finkle, Joshana Goga, Charles Reifsnider, Anita Solomon

Maryland Advisory Council Members Absent: M. Sue Diehl, Chair; Richard Blair,
Jaimi L. Brown, Michele Forzley, Edwin C. Oliver, Livia Pazourek, Anthony Swetz, Jr.,
Garth Thompson, Robert Turner, Sherrie Wilcox

Individuals highlighted as such are resigned members who have not yet been replaced.

PL 102-321 Council Members Present: Carol Allenza, Sarah Burns, Coordinator; Peter
Cohen, Herb Cromwell, Catherine Drake, Kate Farinholt, Diane Herr,
Cynthia Petion, Cindy Rafferty, Linda Raines

PL 102-321 Council Members Absent: Lynn Albizo, Terry Bohrer, Tracee Bryant,
Theresha Collins, Lisa Cuzzo, Vira Froehlinger, A. Scott Gibson, Gerri Gray, Julie Jerscheid,
Cindy Kauffman, Michael Lang, Sharon Lipford, Coordinator; George Lipman, Phoenix Liss,
James Reinsel, Sarah Rhine, Sheryl Sparer, Kathleen Ward, Jane Walker, Della Williams

MHA Staff Present: Brian Hepburn, Dennis McDowell, Robin Poponne, Thomas Merrick,
Iris Reeves, Carole Frank, Clarissa Netter, John Hammond

Guests and Others: Jackie Pettis, ValueOptions; Rachael Faulkner, MDOD

c/o Mental Hygiene Administration

Spring Grove Hospital Center – 55 Wade Avenue – Dix Building – Catonsville MD 21228 – (410) 402-8473

TDD for Disabled – Maryland Relay Service (800) 735-2258

Healthy People in Healthy Communities

INTRODUCTIONS/ADOPTION OF MINUTES:

The meeting was called to order by Council Vice Chair, Robert Pender. Attendees introduced themselves. New representation from advocacy groups and agencies include: Dan Martin, Maryland Mental Health Association's Legislative liaison, Rachael Faulkner attending for James Reinsel who will retire as of January 1st from the Maryland Department on Disabilities, and Kate Farinholt, new Executive Director of NAMI-MD. The minutes of November 16, 2010 were approved as submitted.

ANNOUNCEMENTS:

- Carol Allenza reported that at the Maryland Coalition of Families for Children's Mental Health 11th Annual Celebration Luncheon held on December 3, 2010 recognized a number of outstanding Maryland advocates as award recipients. Award recipients included Linda Raines, Executive Director for Mental Health Association of Maryland (MHAM) and Al Zachik, MHA Director of Child and Adolescent Services. At the end of the ceremonies, Jane Walker presented the Coalition's new logo with "MCF" as the organization's new acronym.
- Mike Finkle announced that the Maryland Mental Health Coalition, a statewide coalition of advocacy organizations, is organizing a rally in support of funding for mental health consumer services early in the Legislative Session on February 8th, 2011 at noon in Lawyers Square in Annapolis. Some of the member advocacy organizations such as Maryland Coalition of Families for Children's Mental Health (MCF), On Our Own of Maryland (Ooomd), Maryland NAMI and MHAM will hold meetings before the rally, and all are encouraged to attempt to meet with their legislative representatives to lobby for legislative support for mental health services, especially given the current situation with the state budget. Joint Council members are urged to participate in the rally.
- Cynthia Petion reported that the planning staff will explore distributing the Council minutes by email. Exceptions will be made for members who have no email and no computer access. Currently, MHA publications are posted on the MHA Web site. In the near future, approved Council minutes will also be posted on the Advisory's Council's web page, under the resources section, on MHA's Web site www.dhmf.state.md.us/mha.
- Peter Cohen announced that the ADAA had received an Access to Recovery Grant from SAMHSA that would help Maryland focus on certain adjunctive services, such as housing vouchers and case management, for individuals with alcohol and drug addictions often co-occurring with mental illness. This grant would benefit, among others, veterans and individuals discharged from the correctional system and residential programs.

- Herb Cromwell reported progress in obtaining sponsorship for the reintroduction of the Loraine Sheena Health and Community Services Act. The Maryland Mental Health Coalition had identified broad sponsorship for this initiative in both the House of Delegates and the State Senate. The Act, as now drafted, would generate \$30 million from new beverage tax revenue for community health services.

THE DIRECTOR'S REPORT:

Brian Hepburn, Executive Director of MHA, delivered the following report:

- As of the second half of FY 2011, MHA has not been informed of any additional cuts on the Fiscal Year 2011 budget. The Administration has submitted its FY 2012 budget within the DHMH budget through the Department of Budget and Management. The Governor's FY 2012 budget will be presented to the Legislature the second week of January. The budget mark, once established, can be subject to potential cuts based on the status of state revenue projections. Over the past two year's MHA had achieved major cost reductions by closing two state hospitals. The direct impact of these reductions on consumers had been minimized through cuts in more costly services and reductions in utilization. MHA has contributed major cost savings to the DHMH and the state.
- The number of individuals receiving services in the Public Mental Health System (PMHS) has increased by approximately 16% while the average cost per person decreased slightly. PMHS encounter data showed an increase in individuals served from 94,000 to over 120,000 in FY 2010. Total PMHS costs had increased due to the increase in the number of individuals enrolled in Medicaid. This Medicaid enrollment growth was more heavily weighted in the adult population. Since, historically, the penetration rate (percentage of individuals served) of adults with SMI has been approximately twice that of children with SED, the increased expansion has produced greater growth in the number of individuals served and greater impact on total system costs. This trend in enrollment growth is predicted to continue in FY 2012 producing ongoing pressure on the MHA budget.
- DHMH will be experiencing retirements in key areas: DHMH's Deputy Secretary of Operations, James Johnson; Deputy Secretary of Health Care Financing (Medicaid), John Folkemer; and in June 2011, MHA's Deputy Director for Community Programs and Managed Care, Lissa Abrams. Ms Abrams has been a long time leader at MHA, including having previously been Director of Adult Services, and knows every aspect of the PMHS and the state system.

- The Governor has implemented a state agency Voluntary Separation Program designed to reduce the number of State positions by 500-1500. Under the Program, eligible Executive Branch employees may apply to voluntarily separate from State employment in return for certain severance benefits. The State Legislature has mandated a reduction of at least 500 positions.
- Maryland Health Care Reform will remain a positive factor in the coming year and Maryland is moving forward in its implementation. Issues concerning the integration of behavioral health care (which includes both mental health and substance abuse) and somatic health care were actively discussed. A key challenge of integrated care under Health Care Reform is how to assure the delivery of good quality care to individuals. The continued advocacy of services for individuals with mental illness under Health Care Reform is critical to maintaining access to high quality care.
- Dr. Hepburn concluded his report by wishing everyone Happy Holidays, good health, and a Happy New Year.

Council Comments:

- The Director was asked about any official follow-up to the articles in the Baltimore Sun concerning services at Baltimore Behavioral Health. Dr. Hepburn reiterated that the state was aggressive in investigating any allegations of fraud and, at this point, no evidence of fraud had been found. However, in response to the Department's investigation, the provider had changed its board of directors. Best practice in co-occurring service is to provide access with "no wrong door" and to appropriately treat both illnesses where presented. MHA continues to move toward providing more evidence-based practices in service delivery. DHMH discussions with Delegate Hammond indicated that these issues may merit continued attention by the legislative leadership with the possibility of further study.

PRESENTATION – MHA's OFFICE OF CONSUMER AFFAIRS:

Clarissa Netter, Director of MHA Office of Consumer Affairs (OCA), reported on the many consumer-related activities that daily keep her and OCA staff busy in continued efforts to promote a consumer-driven system. OCA, in collaboration with the Maryland Mental Health Transformation Office (MHTO), has made significant strides in promoting consumer-driven care through specific programs/initiatives. OCA is currently working on the following efforts:

- Family Advocacy Team – The New Hampshire Psychiatric Institute at Dartmouth has given Maryland a grant to facilitate family involvement in Supported Employment. NAMI will collaborate with MHA in this pilot project.
- Assertive Community Treatment (ACT) Teams – Some ACT teams are developing train-the-trainer programs to enhance skills in Person-Centered Planning. Four LEAP graduates are involved.

- Certification and Training – Development and support of a toolkit for Peer Employment Resource Specialist (PERS) training to support increased employment of peers in the workforce was developed by the Sar Levitan Center at Johns Hopkins University, MHTO and a team of consumer advocates from the Maryland Consumer Leadership Coalition (MCLC). To date, 51 PERS consumers have graduated throughout the state. The development and implementation of a curriculum for the Maryland Association of Peer Support Specialists' training manual has been completed with a pilot program to start on the Eastern Shore of FY 2011.
- The Maryland Consumer Volunteer Network (MCVN) - OCA developed and created the MCVN as a means of establishing continuity of wellness and recovery concepts to embrace volunteers in the Wellness & Recovery Centers' and board members by hosting a training (MHTO funded part of this initiative) on volunteer concepts to enhance Maryland's commitment to recovery. Over 60 volunteers were in attendance and all received self-help recovery volunteer workbooks to assist them in their volunteer roles. Two Webinars' are planned to further this endeavor.
- Annual Core Service Agency and Wellness & Recovery Center Directors training – In FY 2010, an annual meeting of the CSA directors and the directors of Wellness & Recovery Centers was held to re-establish effective communication and continue to develop cohesive strategies to enhance the recovery process through collaborative leadership training. In FY 2010, an annual Wellness and Recovery Conference was held with over 120 in attendance. There are 25 Wellness and Recovery Centers (formerly known as drop-in centers) in Maryland. Twenty-two of those centers are affiliates of On Our Own of Maryland (OOOMD). Additionally, OCA works with the Administrative Services Organization (ASO) to increase knowledge and access to peer services. The ASO Web site contains links to the Networks of Care as well as information on each of the Wellness & Recovery Centers.
- New Trainings – MHTO contracted with OOOMD, to provide training to adult psychiatric rehabilitation programs (PRPs), outpatient mental health clinics (OMHCs), and consumer groups as a step in a longer term effort to assist Maryland's Public Mental Health System (PMHS) to begin or continue to incorporate practices based on recovery into their agencies. Three workshops have been developed within this project.
- Peer Support Specialist Partnership – MHA, in partnership with OOOMD, developed a project under the federal Olmstead Planning Grant titled the Olmstead Peer Support Program. Three Peer Support Specialists, who are also, WRAP facilitators, worked part-time with patients in three state facilities.

- Self-Directed Care Program – MHA and the Mental Health Transformation Office (MHTO) implemented a consumer self-directed care pilot program in Washington County managed through the local Office of Consumer Advocates. The Self-Directed Care program currently has 50 self-directed care plans developed and approved with two full-time and two part-time peer advocates assisting consumers with the process.
- Rights and Responsibilities – The Maryland-Consumer Quality Team (CQT) partners with consumers, providers, and state agencies to solve problems in the PMHS. CQT also protects and enhances rights by obtaining first hand information from consumers about their experiences in programs and takes an active role in resolving issues right at the program level and, as needed, at other system levels. To date, the CQT has held confidential, qualitative interviews with more than 800 consumers. MHA will be updating its Web site segment on rights and responsibilities, as well as procedures for submitting complaints including new user-friendly forms.
- Integrated Care – OCA staff is involved in the development of a White Paper on Integrated Care.
- Ongoing initiatives include:
 - WRAP - Maryland has a reputation as a leader in the implementation of Wellness and Recovery Action Plans (WRAP). Maryland now has more than 90 WRAP facilitators trained in a two-year period.
 - LEAP - The goal of the Leadership Empowerment Advocacy Project (LEAP), funded by the MHA since 1990, is to expand the number of consumers playing a prominent role within state and local policy-making bodies. Through participation in LEAP, consumers acquire the necessary skills to become leaders and advocates within the PMHS. In FY 2010, 13 participants graduated from the program and it is expected that double that amount will graduate in FY 2011.
 - The Maryland Consumer Leadership Coalition (MCLC) – this group is comprised of leaders in the consumer movement from diverse cultural and organizational backgrounds who work as mental health advocates at the state and national level. Its long-term goals include facilitating leadership and involvement of consumers in their mental health treatment in every jurisdiction, and preparing them for the responsibility of partnering with mental health professionals and administrators in shaping the mental health system in Maryland.

The OCA is looking forward to a continued partnership with all stakeholders in strengthening a consumer – driven system.

Other Council Business:

- Kate Farinholt, the Executive Director of NAMI, Maryland and a newly appointed member of the Joint Council, also reported on NAMI's collaborations with MHA. MHA worked successfully with NAMI MD in promoting the NAMIWALKS, a successful kick-off event for promoting *MAY MENTAL HEALTH MONTH*. The "In Our Own Voice" program is an informational outreach program on recovery. Peer-to-Peer is a unique, experiential learning program for people with serious mental illness who are interested in establishing and maintaining their wellness and recovery.
- Next Month's Meeting of Joint Council will provide an opportunity for the members to meet again with Deputy Secretary Renata Henry to learn more about her work to improve coordination of services across the key DHMH administrations; providing services for individuals with developmental disability, substance abuse and addictions, and mental health services as well as coordinating access to somatic health care across all populations. It would be helpful to get Joint Council Members questions for the Deputy Secretary in advance of this meeting. **Members are requested to contact Cynthia Petion with your suggestions.** Cynthia's email address is: CPetion@dhmh.md.state.us
- The Executive Committee and the Planning Committee need volunteers to represent the Joint Council at the two Legislative Budget Hearings. Anita Solomon indicated that she would be willing to represent the Joint Council at one of the hearings. If interested, please contact Dennis McDowell at dmcdowell@dhmh.state.md.us

The meeting was adjourned.

The Council's Executive Committee will meet after the general meeting today.

Please note, the Agenda for the March 15th Council meeting will be posted on the Advisory's Council's web page, under the resources section, on MHA's Web site www.dhmh.state.md.us/mha.